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Bib Data Sheet

CONFIRMATION NO. 2247

<b>SERIAL NUMBER</b> 10/667,095	<b>FILING OR 371(c) DATE</b> 09/18/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 03515/LH
<b>APPLICANTS</b> Moshe Meller, Haifa, ISRAEL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/464,322 04/21/2003 and claims benefit of 60/471,115 05/16/2003 and claims benefit of 60/498,343 08/26/2003 <i>dh GUY</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None GUY</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/12/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 32 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 01933				
<b>TITLE</b> Rotary apparatus for grafting and collecting bone				
<b>FILING FEE RECEIVED</b> 483	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	